



# 2025 Membership Application

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

☐ Cell

☐ Landline

\_\_\_\_\_  
Email

**Cycling Interest:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Years and Experience in Cycling:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2025 GHCC Dues: \$40.00

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**IMPLIED CONSENT**

GHCC, Inc. assumes NO responsibility or liability for your safety. When you ride with GHCC and Central Wheel, you are giving your implied consent that you are assuming all responsibility and liability for your safety.

\_\_\_\_\_  
Signature: